DECLARATION AND POWER OF ATTORNEY Original Application Page 2 (If Required)

ATTORNEY'S DOCKET NO. D-21396

	LISTI	NG OF EARLIEST FO	REIGN APPLICAT	ION(S), IF ANY, I	FILED WIT	HIN 12 MONT	HS PRIOR TO THE U.S.					
	LISTING OF EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THE U FILING DATE OF THIS APPLICATION. LIST ALL APPLICATIONS FILED ON DATE OF FIRST FILING. IF MO THAN ONE (1).											
601	COUNTRY		APPLICATION NUM	APPLICATION NUMBER (DAY			ORITY OF WHICH IS CLAIMED UNDER 35 USC 119					
							☐ YES ☐ NO					
							YES NO.					
							YES NO					
							YES NO					
	Listing of All Foreign Applications Filed, if any, MORE THAN TWELVE MONTHS PRIOR, to U.S. Filing Date of this											
	Application. DATE OF FILING											
	COUNTRY			APPLICA	TION NUMBER		(DAY, MONTH, YEAR)					
					-,							
				-	-							
ł												
	L	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	LISTING OF APPL	ICANTS continu	ad from Doug							
					cu nom rago	. 1.						
	FULL NAME OF	LAST NAME	FIRST NAME			MIDDLE NAME						
_	RESIDENCE	VOLK	JAMES STATE OR F	JAMES STATE OR FOREIGN COUNTRY			J. COUNTRY OF CITIZENSHIP					
204	& CITIZENSHIP	Clarence					USA					
1	POST OFFICE	POST POST OFFICE ADDRESS		New York CITY STATE		OR COUNTRY ZIP CODE						
	ADDRESS	4384 Homestead Lane		Clarence New								
ĺ	NAME OF	LAST NAME	FIRST NAME			MIDDLE NAME	E NAME					
10	RESIDENCE	ROYAL	JOHN STATE OR F	OHN ATE OR FOREIGN COUNTRY		HENRI COUNTRY OF CITIZENSHIP						
205	& CITIZENSHIP	8		New York		USA						
`	POST OFFICE	POST POST OFFICE ADDRESS		CITY		R COUNTRY	ZIP CODE					
	ADDRESS	ADDRESS 102 Settlers Row		Grand Island		⁄ork	14072					
	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	NAME		MIDDLE NAME						
ယ	RESIDENCE			STATE OR FOREIGN COUNTRY			COUNTRY OF CITIZENSHIP					
206	& CITIZENSHIP	8										
`	POST	POST OFFICE ADDRESS OFFICE		CITY		R COUNTRY	ZIP CODE					
	ADDRESS					W						
I furt	her declare	that all statements made	e herein of my own	knowledge are true	and that all	statements mad	e on information and belie					
are b	elieved to	be true; and further that	these statements w	ere made with the	knowledge t	hat willful false	statements and the like s					
false	are punist	nable by fine or imprisor may jeopardize the valid	ment, or both, unde	r section 1001 of T	fitle 18 of th	e United States	Code, and that such willfu					
				_	ing dicicon.		/					
SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 202 SIGNATURE							OR 203					
DATE Jun Achanya DATE				1 German		Kilhard C. Flysrall						
DATE	3 - 2	·~04	DATE 1	/64	DA*	Mariland						
3-8-04 3/5/04 March 5, 2004 SIGNATURE OF INVENTOR 204 SIGNATURE OF INVENTOR 204 SIGNATURE OF INVENTOR 206												
() $()$ $()$ $()$ $()$ $()$ $()$ $()$												
7 T	and f	Varia	DATE AND A	my - sout	DA	TE						
M	arch 5	2004	7/1	5 and	1	,	•					

FOR SOLE AND JOINT APPLICATIONS

DECLARATION AND POWER OF ATTORNEY Original Application

ATTORNEY'S DOCKET NO. D-21396

As a below named inventor, I declare that I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment specifically referred to in this Declaration, that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 201 below, or a joint inventor if plural inventors are named below at 201 et seq., of the invention entitled:

		LOW FREQUE	NCY PULSE TUBE S	SYSTEM WITH	OIL-FRE	E DRIVE					
which is described and claimed in:											
		ed specification or					•				
		ication in application Seri		filed		a					
		tion not accompanying applicati	•			nth, Year)	(Day, Month, Year)				
with befo or m this appl more repre twelv	37 CFR 1. re my or ou ore than or application, ication in ai e than twelvesentatives we months p is application CHECK AP	dge a duty to disclose inforr 56(a), that I do not know an ir invention thereof or patent he year prior to this application that the invention has not by country foreign to the Universign to the Universign in any country forior to the filing date of this on are identified at 600, and, PROPRIATE BOX: earlier-filed applications	nd do not believe that it and or described in any ion, or in public use or been patented or made ited States of America cation and that as to all foreign to the United Stapplication and all fore	the same was ever printed publication on sale in the Uni the subject of an on an application pplications for pat tates of America, ign applications fil	er known in any co ited State inventor's filed by n ent or inv the earlie	or used in the cuntry before is of America is a certificate is ne or my legal entor's certific est filed foreig	e United States of Americ my or our invention therec more than one year prior sued before the date of th I representatives or assign cate filed by me or my leg in application(s) filed with				
9	Required information as to foreign applications filed prior to filing date of this application is at 601 on page 2 attached hereto and made a part hereof.										
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (<i>List name and registration number</i>) Donald T. Black Reg. No. 27999 David M. Rosenblum Reg. No. 29341 Gerald L. Coon Reg. No. 29910 Iurie A. Schwartz Reg. No. 43909 Stanley Ktorides Reg. No. 29399 Steven T. Trinker Reg. No. 28274											
SEN	O CORRES	SPONDENCE TO:		DIRECT TELEP	HONE C	ALLO TO:					
PRA) Law (39 O		IOLOGY, INC. M1-557 Road		DIRECT TELEPHONE CALLS TO: Stanley Ktorides (203) 837-2178			3				
Į											
	FULL LAST NAME FIRST		FIRST NAME	RST NAME MIDDLE NAME							
	NAME OF INVENTOR	ACHARYA	ARUN								
Ξ	RESIDENCE	CITY	STATE OR FOREIGN	COUNTRY		COUNTRY OF CITIZENSHIP					
201	CITIZENSHIP	East Amherst	New York			USA					
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OF		OUNTRY	ZIP CODE				
	ADDRESS FULL	85 Twilight Lane	East Amherst		New Yo		14051				
	NAME OF		·			MIDDLE NAME					
2	RESIDENCE	CITY	BAYRAM STATE OR FOREIGN	COUNTRY	COUNTRY OF CITIZENSHIP		ZENSHIP				
202	& CITIZENSHIP	Grand Island	New York			USA					
` `	POST OFFICE ADDRESS OFFICE		CITY				ZIP CODE				
	ADDRESS 16 The Commons		Grand Island				14072				
	NAME OF		FIRST NAME			MIDDLE NAME					
<u>س</u>	RESIDENCE	FITZGERALD CITY	RICHARD STATE OR FOREIGN	COUNTRY		C,					
203	& CITIZENSHIP	Grand Island	New York			USA					
` `	POST POST OFFICE ADDRESS		CITY			COUNTRY	ZIP CODE				
	office ADDRESS 5221 East Park Drive Grand Island			New Yo		14072					
300		Additional matter on page 2 attached hereto and made a part hereof. When page 2 is used, all signatures must be signed on page 2.									
	LIST OF A	Applicants continued on page 2	Yes □ Ne								
							•				
[er declare th	at all statements made herein	of my own knowledge are	true and that all et-	temente ~	ade on informa	ation and helief are helieved to				
I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statement and the like so made are punishable by fine o imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application of any patent issuing thereon.											
SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 203 SIGNATURE 203 SIGNATURE OF INVENTOR 203 SIGNATURE OF INVENTOR 203 SIGNAT							glknik!				
	3 - 9	3-04	3/5/04			MARCH	5,2004				